

<b>AGREEMENT TO TRANSFER RECORDS TO THE NATIONAL ARCHIVES OF THE UNITED STATES</b>		1. INTERIM CONTROL NO. <i>(NARA Use Only)</i>
<b>TERMS OF AGREEMENT</b>		
<p>The records described below and on the attached _____ pages are deposited in the National Archives of the United States in accordance with 44 U.S.C. 2107. The transferring agency certifies that any restrictions on the use of these records are in conformance with the requirements of 5 U.S.C. 552.</p> <p>In accordance with 44 U.S.C. 2108, custody of these records becomes the responsibility of the Archivist of the United States at the time of transfer of the records. It is agreed that these records will be administered in accordance with the provisions of 44 U.S.C. Chapter 21, 36 CFR XII, 36 CFR Part 1256 and such other rules and regulations as may be prescribed by the Archivist of the United States (the Archivist). Unless specified and justified below, no restrictions of the use of these records will be imposed other than the general and specific</p>		<p>restrictions on the use of records in the National Archives of the United States that have been published in 36 CFR Part 1256 or in the <i>Guide to the National Archives of the United States</i>. The Archivist may destroy, donate, or otherwise dispose of any containers, duplicate copies, unused forms, blank stationery, nonarchival printed or processed material, or other nonrecord material in any manner authorized by law or regulation. Without further consent, the Archivist may destroy deteriorating or damaged documents after they have been copied in a form that retains all of the information in the original document. The Archivist will use the General Records Schedule and any applicable records disposition schedule (SF 115) of the transferring agency to dispose of nonarchival materials contained in this deposit.</p>
2A. AGENCY APPROVAL	3A. NARA APPROVAL	
Signature _____ Date _____	Signature _____ Date _____	
2B. NAME, TITLE, MAILING ADDRESS	3B. NAME, TITLE, MAILING ADDRESS	

<b>RECORDS INFORMATION</b>		
4A. RECORDS SERIES TITLE		
4B. DATE SPAN OF SERIES		<i>(Attach any additional description.)</i>
5A. AGENCY OR ESTABLISHMENT	9. PHYSICAL FORMS <input type="checkbox"/> Paper Documents <input type="checkbox"/> Posters <input type="checkbox"/> Paper Publications <input type="checkbox"/> Maps and Charts <input type="checkbox"/> Microfilm / Microfiche <input type="checkbox"/> Arch / Eng Drawings <input type="checkbox"/> Electronic Records <input type="checkbox"/> Motion / Sound / Video <input type="checkbox"/> Photographs <input type="checkbox"/> Other <i>(specify):</i> _____	
5B. AGENCY MAJOR SUBDIVISION		
5C. AGENCY MINOR SUBDIVISION		
5D. UNIT THAT CREATED RECORDS	10. VOLUME: _____ CONTAINERS: _____ Cu. Mtr. _____ (Cu. Ft. _____) Number _____ Type _____	
5E. AGENCY PERSON WITH WHOM TO CONFER ABOUT THE RECORDS Name: _____ Telephone Number: _____	11. DATE RECORDS ELIGIBLE FOR TRANSFER TO THE ARCHIVES	
6. DISPOSITION AUTHORITY:	12. ARE RECORDS FULLY AVAILABLE FOR PUBLIC USE?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, attach limits on use and justification.)</i>	
7. IS SECURITY CLASSIFIED INFORMATION PRESENT? <input type="checkbox"/> NO <input type="checkbox"/> YES LEVEL: <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret SPECIAL MARKINGS: <input type="checkbox"/> RD/FRD <input type="checkbox"/> SCI <input type="checkbox"/> NATO <input type="checkbox"/> Other _____ INFORMATION STATUS: <input type="checkbox"/> Segregated <input type="checkbox"/> Declassified	13. ARE RECORDS SUBJECT TO THE PRIVACY ACT?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, cite Agency System Number and Federal Register volume and page number of most recent notice and attach a copy of this notice.)</i>	
8. CURRENT LOCATION OF RECORDS _____ Agency (Complete 8A only) _____ Federal Records Center (Complete 8B only)	14. ATTACHMENTS <input type="checkbox"/> Agency Manual Excerpt <input type="checkbox"/> Listing of Records Transferred <input type="checkbox"/> Additional Description <input type="checkbox"/> NA Form 14097 or Equivalent <input type="checkbox"/> Privacy Act Notice <input type="checkbox"/> Microform Inspection Report <input type="checkbox"/> Other <i>(specify):</i> _____ <input type="checkbox"/> SF(s) 135	
8A. ADDRESS _____ _____ _____		
8B. FRC ACCESSION NUMBER	CONTAINER NUMBER(S)	FRC LOCATION

<b>NARA PROVIDES</b>	
15. SHIPPING INSTRUCTIONS TO AGENCIES / REMARKS REGARDING DISPOSITION	RG
16. RECORDS ACCEPTED INTO THE NATIONAL ARCHIVES OF THE UNITED STATES  Signature _____ Date _____	17. NATIONAL ARCHIVES ACCESSION NO.